

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/586157

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51						
2	1						52						
3	2						53						
4	2						54						
5	0						55						
6	0						56						
7	0						57						
8	0						58						
9	0						59						
10	0						60						
11	0						61						
12	0						62						
13	0						63						
14	0						64						
15	0						65						
16	0						66						
17	0						67						
18	0						68						
19	0						69						
20	0						70						
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28	0						78						
29	0						79						
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31	0						81						
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33	0						83						
34	0						84						
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36	0						86						
37	0						87						
38	0						88						
39	0						89						
40	0						90						
41	0						91						
42	0						92						
43	0						93						
44	0						94						
45	0						95						
46	0						96						
47	0						97						
48	0						98						
49	0						99						
50	0						100						
TOTAL IND.	31												
TOTAL DEP.	39												
TOTAL CLAIMS	33												